## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

IND.

DEP.

CLAIMS

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DEP. TOTAL CLAIMS	100		<del>                                     </del>		<del>                                     </del>			DEP. TOTAL CLAIMS	<del>                                     </del>	-	<del>                                     </del>		╀

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<sup>\*</sup> MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS